



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

REPORT OF ACCIDENT, INJURY AND/OR EMERGENCY MEDICAL CARE

FACILITY		DATE	TIME
CHILD'S NAME			
STAFF MEMBER RESPONSIBLE FOR CHILD AT TIME OF INCIDENT		PERSON IN CHARGE OF FACILITY AT TIME OF INCIDENT	
OTHER STAFF MEMBERS WHO OBSERVED INCIDENT			
DESCRIPTION OF INCIDENT (WHO, WHAT, WHERE, WHEN, HOW, MARKS, BRUISES, ETC.)			
DESCRIPTION OF ACTION TAKEN			
NOTICE TO PARENT			
METHOD	TIME	STAFF MEMBER	
WRITTEN REPORT DISCUSSED/GIVEN TO PARENT		(CIRCLE ONE)	YES NO
STAFF SIGNATURE		DATE	
SUPERVISOR SIGNATURE		DATE	
PARENT SIGNATURE ACKNOWLEDGING RECEIPT OF WRITTEN REPORT		DATE	